State of California – Natural Resources Agency DEPARTMENT OF PARKS AND RECREATION Outdoor Equity Grants Program

APPLICATION FORM

PROGRAM NAME (include a name that best identifies the community, 50-character limit)		
REQUESTED GRANT AMOUNT	<u> </u>	
OTHER FUNDING SOURCES (IF APPLICABLE)	\$ 	
TOTAL PROGRAM COST	\$	
	-	
COMMUNITY HOME BASE NAME and PHYSICAL ADDRESS		
COUNTY OF COMMUNITY HOME BASE		
APPLICANT NAME (entity applying for the GRANT) and MAILING ADDRESS		
APPLICANT NAME (entity applying for the GRANT) and MAILING ADDRESS		
AUTHORIZED REPRESENTATIVE, as shown in Authorizing Resolution		
Name (typed or printed) and Title Er	mail address	Phone
APPLICATION CONTACT, for detailed application questions (if different from AUTHORIZED		
REPRESENTATIVE)		
Name (typed or printed) and Title Er	mail address	Phone
	arded (if different from Applica	tion Contact above)
GRANT CONTACT , for administration of grant if awarded (if different from Application Contact above)		
Name of the second and a second secon		Dhana
(3)	mail address	Phone
GRANT SCOPE, I represent and warrant that this APPLICATION describes the intended use of the		
requested GRANT to complete the items listed in the attached GRANT SCOPE/Cost Estimate Summary Form. I declare under penalty of perjury, under the laws of the State of California, that the information		
contained in this APPLICATION, including required attachments, is accurate.		
Signature of AUTHORIZED REPRESENTATIVE		ate
Print Name		
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